## **State of Utah – Labor Commission**

Division of Adjudication
160 East 300 South, 3<sup>rd</sup> Floor, P.O. Box 146615
Salt Lake City, Utah 84114-6615 (801)530-6800

laborcommission.utah.gov

Note: PLEASE TYPE OR PRINT IN BLACK INK

| Employer (Peti             | tioner)               |              |  |  |
|----------------------------|-----------------------|--------------|--|--|
| Employer's Ma              | ailing Address        |              | NOTICE OF FILING APPLICATION FOR HEARING   |  |
| City                       | State                 | Zip Code     | FOR TERMINATION OR REDUCTION O COMPENSATION  |  |
| Petitioner's Wo            | orkers' Comp Insurar  | nce Carrier  |  |  |
| Insurance Carr             | ier's Mailing Address | S            |  |  |
| City                       | State                 | Zip Code     |  |  |
| vs.                        |                       |              |  |  |
| Employee (Res              | spondent)             |              |  |  |
| Employee's Ma              | ailing Address        |              |  |  |
| City                       | State                 | Zip Code     |  |  |
| Respondent's 7             | Telephone Number      |              |  |  |
| TERMINATION<br>COMMISSION. | OR REDUCTION O        | OF COMPENSAT | HAT AN APPLICATION FOR HEARING FOR ION HAS BEEN FILED WITH THE UTAH LABOR HE COMMISSION TO (CHECK ONE) |  |
|                            |                       | _            | SABILITY COMPENSATION  |  |
|                            |                       |              | AL DISABILITY COMPENSATION BY \$   |  |
|                            |                       |              | DICATION DIVISION OF THE COMMISSION  |  |

WITHIN 30 DAYS OF FILING THIS APPLICATION.

| Printed Name of                        | Attorney for Petit         | ioner State Bar    | #  |
|--|----------------------------|--------------------|--|
| Signature of Atto                      | rney for Petitione         | er                 |  |
| City                                   | State                      | Zip Code           |  |
| Telephone Numb                         | er                         |                    |  |
| FAX                                    |                            |                    |  |
| E-Mail Address                         |                            |                    |  |
|  |                            |                    |  |
|  |                            |                    |  |
| I certify that on the Termination or R | nis day of eduction of Com | ensation in the ca | se of, 20, a copy of the attached Notice of Request of, Petitioner vs. |
| respondent at the                      |                            |                    | , Respondent, was mailed first class, postage prepaid, to the          |
|  |                            |                    |  |
| Respondent Name                        | e                          |                    |  |
| Respondent Addr                        | ress                       |                    |  |
| City                                   | State                      | Zip Code           |  |
| City                                   | State                      | Zip Code           |  |
|  |                            |                    | Print Name   |
|  |                            |                    | r mit ivallie  |
|  |                            |                    | Signature  |